



STEPPIN' UP

AGAINST PANCREATIC CANCER

NOVEMBER 2, 2024
MOUNTAIN AMERICA STADIUM



2024 SPONSORSHIP PACKAGES

Presenting Sponsor (One Opportunity available)

\$10,000

- Industry exclusivity, first right of refusal for subsequent years
- Complimentary registration for 30 team members to join the walk
- Company name/logo listed as "Presented by" on all communications and event marketing materials including social media posts and event website
- Opportunity to provide a 60 second video to highlight your organization and support for Steppin' Up Against Pancreatic Cancer to be played at the event
- Logo featured on participant t-shirts (if received by September 30, 2024)
- Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants

Gold Sponsor

\$7,500

- Complimentary registration for 25 team members to join the walk
- Logo recognition as Gold Sponsor on all event collateral
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Acknowledgment in the event-related emails
- Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants

Silver Sponsor

\$5,000

- Complimentary registration for 20 team members to join the walk
- Logo recognition as Silver Sponsor on all event collateral
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Acknowledgment in the event-related emails
- Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants



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HONORHEALTH®
Research Institute



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Bronze Sponsor

\$3,000

- Complimentary registration for 15 team members to join the walk
- Logo recognition on Step pin' Up Against Pancreatic Cancer website
- Acknowledgment in the event-related emails
- Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants

Copper Sponsor

\$3,000

- Complimentary registration for 10 team members to join the walk
- Logo recognition on Step pin' Up Against Pancreatic Cancer website
- Opportunity to provide a promotional item for participants

T-Shirt Sponsor (One opportunity available)

\$5,000

Available to one sponsor for special placement of company Logo on Steppin' Up Against Pancreatic Cancer event t-shirts (sleeve)

Walk Bib Sponsor (One opportunity available)

\$5,000

Available to one sponsor for special placement of company Logo on all Steppin' Up Against Pancreatic Cancer race bibs

Parking Lot Sponsor (One opportunity available)

\$1,500

Available to one sponsor for special placement of company Logo on all Steppin' Up Against Pancreatic Cancer race bibs



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2024 SPONSORSHIP FORM

SPONSOR SELECTION

- | | |
|--|--|
| <input type="checkbox"/> Presenting Sponsor - \$10,000 | <input type="checkbox"/> Copper Level - \$2,000 |
| <input type="checkbox"/> Gold Level - \$7,500 | <input type="checkbox"/> T-Shirt Sponsor - \$5,000 |
| <input type="checkbox"/> Silver Level - \$5,000 | <input type="checkbox"/> Walk Bib Sponsor - \$5,000 |
| <input type="checkbox"/> Bronze Level - \$3,000 | <input type="checkbox"/> Parking Lot Sponsor - \$1,500 |

ADDITIONAL REGISTRATIONS

- | |
|--|
| <input type="checkbox"/> Adult - \$40 |
| <input type="checkbox"/> Virtual - \$45 |
| <input type="checkbox"/> Child (6-12 years) - \$20 |
| <input type="checkbox"/> Pancreatic Cancer Survivor - FREE |

SPONSOR INFORMATION

Full Name :	<input type="text"/>	Title :	<input type="text"/>
Organization:	<input type="text"/>		
Phone No :	<input type="text"/>	Email :	<input type="text"/>
		Website:	<input type="text"/>
Full Address :			City, State Zip :
<input type="text"/>		<input type="text"/>	
Recognition :	<input type="text"/>		

Please confirm the exact spelling of entity to be recognized or notify if you wish to be anonymous.

PAYMENT INFORMATION

<input type="checkbox"/> Please accept an additional donation of:	<input type="text"/>			
<input type="checkbox"/> I have enclosed a check. **Please make checks payable to Seena Magowitz Foundation. PO Box 4119, Arlington, VA 22204				
<input type="checkbox"/> Please call for credit card information.	<input type="checkbox"/> I authorize the Seena Magowitz Foundation to charge the credit card below for a one-time transaction.			
Cardholder :	<input type="text"/>	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
Credit Card No. :	<input type="text"/>	Exp. Date :	<input type="text"/>	
Security Code :	<input type="text"/>	<u>PAY ONLINE</u>	TOTAL :	<input type="text"/>

Signature :

We appreciate your support and remind you that a portion of your donation is TAX DEDUCTIBLE. The tax ID number for Seena Magowitz Foundation is 20-4751072. Please consult your tax advisor for specific tax deductibility.